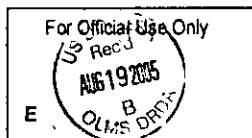


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11016</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>John</u> <u>E</u> <u>Nagelhout</u> P.O. Box, Bldg., Room No., if any _____ Street <u>10219 Maple Hill Rd.</u> City <u>Howard City</u> State <u>Michigan</u> ZIP Code + 4 <u>49329</u>	4. Name, file number, and address of labor organization. Name <u>Local 500 Mi. Regional Carpenters Council</u> Labor Organization File Number <u>034175</u> P.O. Box, Building and Room Number, if any _____ Street <u>140 N. 64th Ave.</u> City <u>Coopersville</u> State <u>Michigan</u> ZIP Code + 4 <u>49404</u>
5. Position in labor organization. <u>FINANCIAL SECRETARY</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>John Nagelhout</u>	On <u>8-12-05</u> Date	<u>616-837-1500</u> Telephone Number

Name of Person Filing <u>John Nagelhout</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LOCAL #100 FRINGE BENEFIT FUNDS  
Trade Name, if any: CARPENTER  
P.O. Box, Bldg., Room No., if any:   
Street 6525 CENTURION DRIVE  
City LANSING  
State MICHIGAN ZIP Code + 4 48917

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name:   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any:   
Street:   
City:   
State: ZIP Code + 4:

11.a. Nature of such dealing.

TRUSTEE OF HEALTH CARE FUND,  
RECEIVED REIMBURSEMENTS FOR  
CONFERENCE AND MEETING EXPENSES.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

ALL REIMBURSEMENTS ARE FOR  
EXPENSES DIRECTLY INCURRED  
IN MY CAPACITY AS A TRUSTEE.

12.b. Amount.

\$ 252.55

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any:   
Street:   
City:   
State: ZIP Code + 4:

14.a. Nature of payment.

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13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

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Name of Person Filing <u>John Nagelhout</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>LOCAL #100 FRINGE BENEFIT FUNDS</u></p> <p>Trade Name, if any: <u>CARPENTER</u></p> <p>P.O. Box, Bldg., Room No., If any</p> <p>Street <u>6525 CENTURION DRIVE</u></p> <p>City <u>LANSING</u></p> <p>State <u>MICHIGAN</u> ZIP Code + 4 <u>48917</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>SEE ABOVE</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., If any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><u>TRUSTEE OF PENSION FUND, RECEIVED REIMBURSEMENTS FOR CONFERENCE AND MEETING EXPENSES.</u></p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p><u>ALL REIMBURSEMENTS ARE FOR EXPENSES DIRECTLY INCURRED IN MY CAPACITY AS A TRUSTEE</u></p> <p>12.b. Amount. <u>\$ 3667.07</u></p>
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<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., If any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Name of Person Filing <u>John Nagelhout</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LOCAL #100 FRINGE BENEFIT FUNDS

Trade Name, if any: CARPENTER

P.O. Box, Bldg., Room No., if any

Street 6525 CENTURION DRIVE

City LANSING

State MICHIGAN ZIP Code + 4 48917

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SEE ABOVE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF APPRENTICESHIP  
FUND, RECEIVED REIMBURSEMENTS  
FOR CONFERENCE AND MEETING  
EXPENSES.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

ALL REIMBURSEMENTS ARE FOR  
EXPENSES DIRECTLY INCURRED IN  
MY CAPACITY AS A TRUSTEE.

12.b. Amount.

\$177.55

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.